

May 17, 2005

Re: MDR #: M2-05-1150-01 **Injured Employee:**
TWCC#: **DOI:**
IRO Cert. #: 5055 **SS#:**

TRANSMITTED VIA FAX TO:
Texas Workers' Compensation Commission
Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:
RS Medical
Attention: Joe Basham
(800) 929-1930

RESPONDENT:
Lumbermen's Mutual Casualty Co.
Attention: Robert Josey
(512) 346-2539

Dear Ms. ____:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is board certified in Neurology and Pain Management and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on May 17, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

**REVIEWER'S REPORT
M2-05-1150-01**

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information from Requestor:

Correspondence

Office notes 05/27/03 – 12/20/04

Physical therapy notes 10/12/04 – 12/20/04

Information from Respondent:

Correspondence

Clinical History:

This female claimant sustained a work-related injury on ___ while working that resulted in severe pain over the right shoulder area. Since then, she has been evaluated with x-rays and physicians and has undergone treatment with physical therapy as well as various medications, which have included analgesics such as Ultram, anti-inflammatory medications, muscle relaxers, as well as topical treatments, and a muscle stimulator device. Documentation provided indicates that the muscle stimulator device has resulted in a decrease in the usage of pain medications for this claimant and an increased functioning ability, allowing her to return to work, etc.

Disputed Services:

Purchase of an RS4i sequential, 4-channel combination interferential and muscle stimulator.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the equipment in dispute as stated above is medically necessary in this case.

Rationale:

It appears from the records provided that there has been a well-documented benefit to this claimant from the use of this electrical stimulation device with specific mention being made that she has been able to reduce her analgesics, increase her functioning, and return to work, etc. The records do not indicate any adverse effects from the use of this device, and the notes do not bring up any concerns that the benefits indicated have been exaggerated or are untrue. Therefore, the reviewer believes that it would be perfectly reasonable and medically necessary for this claimant to continue with the use of the muscle stimulator device indefinitely.